

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044645

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 380

Primary Registration District No. 300

Registrar's No. 299506

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0580

2 0580

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12 90-2

13 20

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bucklin</b>		c. CITY OR TOWN <b>Bucklin</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At His Home</b>		d. STREET ADDRESS (If outside, give location) <b>Bucklin</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Prince Earl</b> Middle <b>Rouse</b> Last <b>Rouse</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>26</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 30, 1887</b> 9. AGE (last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Banker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bucklin State Bank</b>	
11. BIRTHPLACE (City and state or country) <b>Monroe City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Wesley Rouse</b>		13b. MOTHER'S MAIDEN NAME <b>Emily Ellen Jackson</b>	
14. NAME OF HUSBAND OR WIFE <b>Sadie Esther Rouse, deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Charles Rouse, Hamilton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 mins.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mellitus</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>---</b> a.m. <b>---</b> p.m. Month, Day, Year <b>---</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Bucklin, Mo.</b> COUNTY <b>Linn</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>11-26-63</b> to <b>11-26-63</b> and last saw her alive on <b>11-26-63</b> Death occurred at <b>7:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <b>11-27-63</b>	
22a. SIGNATURE (Degree or title) <b>B. A. Olinches D.O.</b>		22b. ADDRESS <b>Bucklin, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 28, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bucklin Masonic Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Bucklin, Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>Nov. 28, 1963</b>	
24. FUNERAL DIRECTOR <b>Larson Funeral Service, Bucklin, Mo.</b>		25. REGISTRAR'S SIGNATURE <b>Arma Watson</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DEC 6 1963

DEC 20 1963

0280  
0280  
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5-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

DEC 1963

Person Licensed to Perform Embalming